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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) □ Declaration **⊠**Declaration Submitted after Initial OR Submitted With Initial Filing (surcharge

Filing

(37 CFR 1.16 (e))

required)

Attorney Docket Num	ber 3397.1	
First Named Inventor	Cawley	
co	MPLETE IF KNOWN	
Application Number	10/006,174	
Filing Date	12/4/ 01	
Group Art Unit	TBD	
Examiner Name	TBD	

					-	
As a below named inve	ntor, I hereby declare tha	nt:				
My residence, post office	address, and citizenship a	are as stated below nex	t to my name.			
are listed below) of the subje	it and sole inventor (if only one of matter which is claimed and	for which a patent is soug	INT OU THE ISTANSINOUS EN	uueu.	ral names	
METHOD AND CO ORIENTATION OF	MPUTER SOFTWAF SEQUENCE CLUS	RE PRODUCT FOI TERS	R DETERMININ	IG		
the specification of which	(Title of th	e Invention)				
is attached hereto						
OR						
was filed on (MM/DD/)	MM)	as United States A	Application Number or	PCT Internation	al	
Application Number	and	was amended on (MM/DD/	mm) [(f applicable).	
I hereby state that I have review specifically referred to above.	ved and understand the conte	nts of the above identified (specification, including	g the claims as a	mended	
I acknowledge the duty to disck	ose information which is mater	rial to patentability as defin	ed in 37 CFR 1.56			
I hereby claim foreign priority b or 365(a) of any PCT internatio and have also identified below, application having a filing date	nal application which designa by checking the box, any for	ited at least one country of eign application for patent	or inventor's certifica	DATES OF WINDING	, nated poton	
Prior Foreign Application	for Foreign Application		Priority	Certified Copy Attached?		
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO	
☐ Additional foreign application	n numbers are listed on a sup	plemental priority data she	et PTO/SB/02B attac	hed hereto:		
I hereby claim the benefit unde						
ApplicationNumber(s		MM/DD/YYYY)				
60/275,456	3/12/01		numbers a a supplem	provisional app re listed on ental priority da 2B attached he	ıta sheet	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the

prior application an	nd the nat	tional or PCT i	nternational fi	ling date of	this app	dication.					
					ent Filing Date M/DD/YYYY)			Parent Patent Number (if applicable)			
	60,275	5,456			3/12	2/01					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Additional U.S.	or PCT in	nternational ap	plication num	bers are list	ed on a	supplement	al prior	ity data shee	et PTO/	SB/02B atta	business in the
As a named invent	or, I here	by appoint the	following reg	istered prac	titioner	(s) to prosec	ute this	application	and to	transact all l	business in the
Patent and Traden therewith	nark Offic	e connected	☐ Custome OR ☑ Register		ner(s) name/registration number listed below				Numbe	Customer r Bar Code el here	
N	ame		Regi	stration imber			Na			Registration Number	
Vern	Norviel		3:	2,483		Phil	ip L. N	AcGarrigle		•	31,395
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☐Additional regist	ered prac	ctitioner(s) nan	ned on supple	mental Reg	istered	Practitioner	Informa	ation sheet F	TO/SB	/02C attach	ed hereto.
Direct all corresp	irect all correspondence to:							e address below			
Name	Affyme	trix, Inc.									
Address	Genera	IP Counsel -	Legal Depart	ment							
Address	3380 C	entral Express	sway								
City	Santa (Clara				State	CA		ZIP	95051	
Country	USA		Telepho	ne	408/	731-5000			Fax	408/731-	5392
I hereby declare the believed to be true punishable by fine application or any	; and furti or imprise	her that these onment, or bo	statements w	ere made w	ith the I	knowledge th	at willf	ul faise state	ements	and the like	so made are
Name of Sole	or First	Inventor:				A petition	on has	been filed	for thi	s unsigned	d inventor
Given	Name ((first and middle [if any]) Family Name or Surname									
		Simon				· · ·		Caw	ley		
Inventor's Signature		2	Cew Date 01/24/							01/24/00	
Residence: City	y	Oakland	State	CA /	/	ountry	USA		Cit	izenship	USA
Post Office Add	dress	5343 Broa	5343 Broadway Terrace								
Post Office Add	dress										
City		Oakla nd									
Additional inv	entors ar	e being name	ed on the 2 s	upplementa	l Additi	ional Invent	or(s) sl	heet(s) PTC	D/SB/02	2A attached	hereto.





ADDITIONAL INVENTOR(S)

Please type a plus sign (+) inside this box

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DECLARATION O I P Supplemental Sheet Page 3 of 4												
			500	27	2002	()						
Name of Additional Joi	int inventor, if any:	3					petitio	n has been f	iled for t	his u	nsigne	d inventor
Given Na	me (first and middle	[if any])	P. C.	D ₄	BK	Ø.		Fami	ly Name	or Su	mame	
Raymond						/heeler						
Inventor's Signature	Kaywond M.				The				Date		01/24/02	
Residence: City	Berkeley	State	te CA Country				try (ISA Citizenship			ship	USA
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Brant				W	Wong							
Inventor's Signature	Brank	an								Date 01/24/0		01/24/02
Residence: City	Walnut Cleek	State		CA		Coun	try	USA	c	itizer	ship	USA
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Alan					Willi	iams						
Inventor's Signature	Must									Date		01/24/02
Residence: City	Albany	St	ate	CA		Cour	ntry	USA	CI	tizen	ship	USA
Post Office Address	1026 Curtis St.											
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Please type a plus sign (+) inside this box >

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DECLARATION ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4										
	2	- 4	- 111							
inventor, if any:	133		<u>"</u> "	A petiti	on has been f	filed for this	unsign	ed inventor		
Given Name (first and middle [if any])					Family Name or Sumame					
		<u></u>	Kulp							
Day						D:	ate	01/24/02		
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27 Jackson St.										
										
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